

TESTIMONY OF SUSAN McKINLEY, LCSW

MARCH 1, 2010

TO THE PUBLIC HEALTH COMMITTEE

CONNECTICUT STATE CAPITOL

I want to thank the Co-Chairs and the Committee for the opportunity to submit this testimony **in opposition of Raised Bill 5286** – An Act Concerning Licensure of Master and Clinical Social Workers.

I have worked in the Connecticut mental health system for 23 years. I have a BS in Human Services/Counseling and an MSW from UConn; I have been licensed since 1997. I love the work that I do and have had employment in the private and public sectors, providing direct care to clients and their families. I am a member of the CT Chapter of the NASW and I am also a member of the New England Health Care Employees Union Dist. 1199/SEIU. For almost 11 years I have worked at the Whiting Forensic Institute at CT Valley Hospital in Middletown.

I am in strong opposition of Bill 5286 because I believe that it moves us backwards. It would allow new MSWs to provide clinical work simply because of an exam (Sec. 3 Section 20-195n (b)). To make matters worse, the law would allow the MSW to work “under professional supervision” – not necessarily by a social worker - (Sec. 1 Section 20-195m (7)) and would only require supervision on a monthly basis (Sec. 1 Section 20-195m (8)). Clinical social work is difficult, demanding and requires a high degree of understanding that comes from experience and good supervision from someone who has experience with the same work.

It used to be that if you were a ‘people person’ and were motivated to help others, you too could be a social worker. We worked hard to establish academic and professional standards for our work – like many other professions have. In so doing, we set guidelines for practice that are designed to produce a qualified, competent work force. In doing so, we benefit our clients, their families, and communities, as well as employers and the missions of the agencies we serve. Bill 5286 is a set up for mistakes and diminished care. With all due respect to psychiatrists, nurses, psychologists, and other therapists who would be allowed to be supervisors under this bill, it is improper to have a new MSW performing clinical work with only monthly supervision from someone outside the field of social work. That MSW is essentially on her own, and flying by the seat of her pants. The bill indicates that only LCSWs may practice independently, but this law, for all intents and purposes, provides for a scenario where new MSWs would be, too. “Under professional supervision” is not good enough and we should demand better for new MSWs and the clients they serve.

With regard to good clinical care for the citizens of CT, why would we do anything to diminish that? The NASW has made several arguments in favor of this proposed bill, none of which have anything to do with providing the highest level of quality clinical

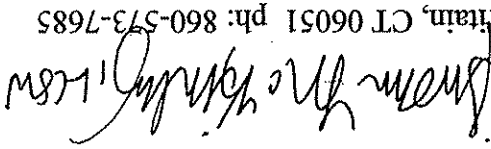
social work. Employers in CT are increasingly requiring LCSWs – perhaps that is because those social workers have had the years of experience and social work supervision necessary for providing good client care. It appears that this bill is targeted for new MSWs who are inconvenienced by the rigorous demands of our professional standards. The fact that other states have a multi-level licensure process is in no way an argument in favor of *this* particular legislation. It is my understanding that some states *began* at the lowest level in order to *establish* social work licensure. It was only much later that those states then passed laws for higher-level social work licensure. The NASW urged Connecticut to skip that step and instead asked to set the bar high at the outset for social work practice. And now the NASW wants to take steps, and the profession, backward.

I am not against a process that would 'register' or 'certify' a practitioner's credentials and scope of practice, but allowing that person work under anyone but a social worker is unacceptable. A license for a new MSW is potentially misleading for clients who should be able to easily understand the credentials of the person who they are going to for help. I would not want to go to a psychiatrist, only to find out that they were just out of school and working under the supervision of a psychologist. I wouldn't want to find out that the nurse who treated me in the emergency room was just out of school and under the supervision of a social worker. Would *you*? Would you find that acceptable for your family, friends, loved ones? Other professions do not have such low standards, why should we?

Bill 5286 sends the wrong message. It says that we are willing to relax professional standards. It says that clients do not deserve the highest level of care. It signals that we no longer have the highest standards when it comes to working with people in need. It suggests that some of our most vulnerable do not deserve the absolute best.

The NASW states that all social work settings demand qualified, competent social workers, and I urge you to accept that idea. By voting no to Bill 5286, you show that you will accept nothing less for the citizens of this state.

Respectfully submitted by:

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